

LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12422

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name James M. Zamora

P O Box Bldg Room No if any PO Box 638

Street

City WORTH, IL

State IL ZIP Code + 4 60982-0638

4 Name file number and address of labor organization

Name Roofers, Waterproofers, Allied workers #11

Labor Organization File Number 018-962

P O Box Building and Room Number if any

Street 9838 W Roosevelt Rd

City West Chester

State IL ZIP Code + 4 60854

5 Position in labor organization

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

7 a Nature of Interest, Transaction or Income

7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

James M. Zamora

On

7/12/05

Date

708/345-0970

Telephone Number

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <div style="margin-left: 20px;"> <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer </div>
10 If 9 b or 9 c. is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. _____ _____ _____
13 b Is the Business an Employer or Consultant ? <div style="display: flex; justify-content: space-between;"> 13 b Is the Business an Employer or Consultant ? </div>	14 b Amount of payment. _____

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under 29 U.S.C. 45257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12423</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Thomas</u> <u>Zidek</u> P.O. Box Bldg. Room No. if any _____ Street <u>9746 Martinique Drive</u> City <u>Concord Township</u> State <u>Ohio</u> ZIP Code + 4 <u>44060</u>	4 Name file number and address of labor organization Name <u>United Steelworkers</u> Labor Organization File Number <u>000-094</u> P.O. Box Building and Room Number if any _____ Street <u>Five Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222</u>
5 Position in labor organization <u>Staff Representative</u>	

Enter appropriate "yes" or "no" during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction or Income _____ 7.b Amount _____

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge a true and correct statement. (See the section on penalties in the instructions.)

Signed Thomas Zidek On 8/15/2005 Date 440 225-7752 Telephone Number

Name of Person Filing Thomas Zidek		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer with whom employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name <u>Anthem Blue Cross/Blue Shield</u> Trade Name if any: _____ P.O. Box Bldg. Room No. if any: _____ Street <u>6740 North High Street</u> City <u>Worthington</u> State <u>Ohio</u> ZIP Code + 4 <u>43085</u>		9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer	
10 If 8 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any: _____ P.O. Box, Bldg. Room No. if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11 a Nature of such dealing <u>Health Insurance Vendor</u> 11 b Approximate dollar value of such dealing _____ \$0	
		12 a Nature of interest held or income received <u>Golf Outing (100.00)</u> 12 b Amount _____ \$100	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name if any: _____ P.O. Box Bldg. Room No. if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b Amount of payment _____	